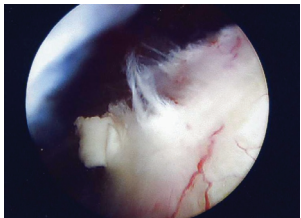


CALCIFIC TENDONITIS

Calcific tendonitis is perhaps the most painful condition of the shoulder and is characterized by the presence of toothpaste-like material in the rotator cuff, most commonly in the supraspinatus. We have developed a ultrasound-guided arthroscopic technique to identify and remove the calcific lesion⁶. Our results show early improvements in pain and function following removal of the calcific lesion with this technique.



⁶Kelly M, Briggs L, Andres B, Ali R, Lam P, Murrell GAC. Ultrasound guided arthroscopic removal of calcific tendonitis (submitted).



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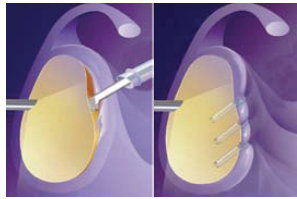
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SHOULDER UPDATE



INSTABILITY

Arthroscopic surgery for instability continues to improve. Our most recent data suggests that the success rates following arthroscopic repair for traumatic anterior shoulder instability are over 95% at three and four years post surgery. Newer techniques involving permanent metal or plastic anchors are much superior to biodegradable anchors¹.



TENNIS ELBOW

Over 20 patients have been enrolled in a randomised clinical trial for tennis elbow surgery versus placebo surgery for tennis elbow refractive to non-operative treatment. While these patients and the examiner are still blinded to the actual surgery, so far all patients have reported very good outcomes. We are recruiting more interested patients for this study, and a similar study comparing non-operative treatment for tennis elbow. Please call Dr Martin Kroslak on 02 8005 3911, or my rooms on 9598 5800 if you have a patient with tennis elbow who might be interested in participating in one of these studies.

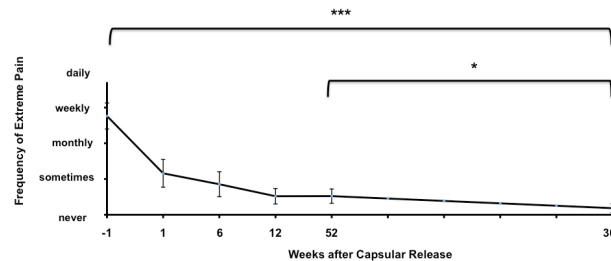
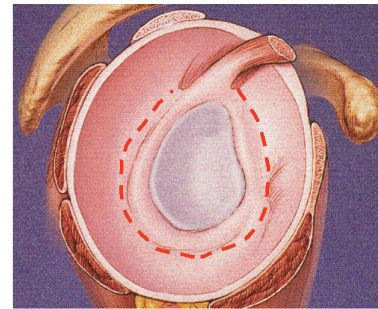


More info is also at www.ori.org.au/elbow

¹Peters K, Pirapakaran KH, Pearce A, Murrell GAC. Arthroscopic anterior shoulder stabilization: comparison of the clinical outcomes of four different fixation devices (submitted).

FROZEN SHOULDER

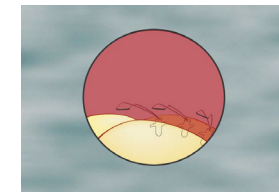
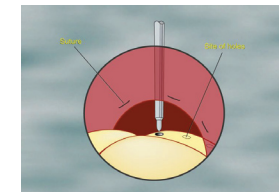
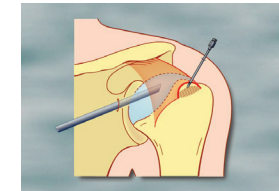
We have just reviewed our 5-10-year follow-up results of patients who have undergone arthroscopic capsular release for frozen shoulder and found excellent outcomes². The completeness of capsular release and an aggressive post-operative physiotherapy are important factors for a good early outcome. Pain and range of motion improves within a few days and continues to improve all the way up to 10 years. Fortunately, we have found no complications and, specifically, no long term arthritis.



²Le Lievre HMJ, Murrell GAC. Long-term outcomes of arthroscopic capsular release for frozen shoulder. 2010 Bi-Annual Shoulder and Elbow Society of Australia Conference, Manly, 5-9th May 2010.

ROTATOR CUFF TEARS

Arthroscopic techniques, again, have continued to improve and become less and less invasive³⁻⁵. The re-tear rates have continued to fall, and the surgery involves less time in hospital and less time to perform the surgery. Solutions for larger and chronic tears are also improving, but the data supports early operative intervention for symptomatic full thickness tears.



³Wu X, Baldwin C, Briggs L, Murrell GAC. Arthroscopic undersurface rotator cuff repair. Tech Shoulder Elbow Surg. 2009;10(3):112-118.

⁴Peters K, Murrell GAC. Outcomes of arthroscopic repair of partial thickness versus full thickness rotator cuff tears. 77th Annual Meeting of the American Academy of Orthopaedic Surgeons, New Orleans, LA, 2010.

⁵Walton JR, Murrell GAC. Rotator cuff repair outcomes: Arthroscopy vs open surgery, 56th Annual Meeting of the Orthopaedic Research Society, New Orleans, LA, 2010.